

FORM NO. 1.

(1) PLACE OF BIRTH

County of Atthville
Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

29808

Inc. Town of Registration District No. 1-A Registered No. 98
(For use of Local Registrar)
City of Atthville (No. 4777 St.; 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charlotte Dawson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 17, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jimmie Dawson
(9) PRESENT POSTOFFICE OF FATHER Atthville, S.C.
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE Atthville, S.C.
(13) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Cannon
(15) PRESENT POSTOFFICE OF MOTHER Atthville, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Atthville, S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary X. Charles
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Atthville, S.C.

Given name added from a supplemental report

(26) Witness J. P. Perreia
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/15/15 191... (28) J. P. Perreia Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.